

An
Inaugural Dissertation
on

Pneumonic Inflammation.

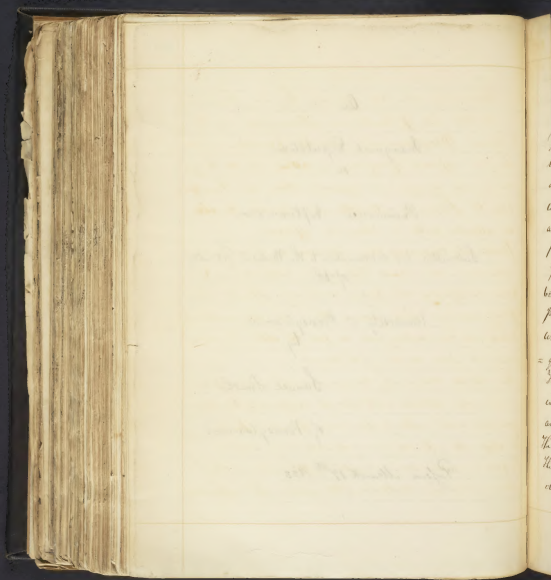
Submitted for examination to the Medical Faculty
of the

University of Pennsylvania
by

Samuel Smith

of Pennsylvania.

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Pneumonia has been divided by some Nosologists
Writers into *Pluritis*, or inflammation of the
Pleura; *Pneumonia* when the parenchyma of the
lungs is affected; *Pneumonia Notha* when the lungs
are in an engorged or suppurated state; and *Rheumatism*
when the pleura or intercostal and adjacent muscles
are attacked with a Rheumatic affection.

Practically considered these divisions are not important.
Pneumonia vera and *Pneumonia Notha* would be
better substituted the former embracing *Pluritis* and
Pneumonia; and indeed there is no diagnosis by
which we can distinguish one from the other. The best re-
= quires the same mode of treatment.

This disease commonly commences with a severe pain
in the side, attended with a cough, difficulty of breathing,
and also with a strong hard and frequent pulse.

The difficulty of breathing is a symptom never absent.

The pain is greatest during inspiration. The reason of which is
obvious. It causes a distension of the inflamed parts, & therefore

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which in severe cases, almost enthralls. The breath is more than usually hot, particularly when the inflammation runs high & is exasperated. The pain is frequently situated about the middle of the sixth or seventh ribs, often under the sternum, and sometimes under the shoulder. However this is a subject which has been much disputed: by many of the Physicians it is asserted that the seat of the pain is almost universally in the right side, while others contend it is found more frequently in the left. But to see it often in one side than the other has not fallen within my observation: both sides are liable to its attack.

Probably its affecting either side more frequently than the other in any case is merely accidental - with one Physician a majority of cases attacking the right side, whilst with another Physician, the left. From the Circumstances of the lungs and every part of the surrounding membrane being subject to the disease, and the right side having three lobes and the left two, we might infer that in the right side, the pain would more frequently have its locality than in the left.

The Cough is a constant and very distressing Symptom, and when the pain is severe is most excruciating.

At first it is dry, but soon becomes hoarse - the matter expectorated in this early stage, thin, soon becomes thicker; and as the disease advances varies much in its consistency and appearance. The prognosis depends much on the Cough and kind of matter expectorated: - When there is no expectoration the prognosis is bad, when the matter expectorated is bloody, it may be considered better than the former, tho' still not very favourable. The matter expectorated being of a greenish or brown colour, or being of a thin and acrid nature, preceded by a rattling in the throat before the matter is brought up, is an unfavourable symptom. A ~~cough~~ copious and free expectoration of white or yellowish matter, bland and of considerable consistence, is a much more happy prognostic. The pulse at the commencement is full, hard and frequent; the face becomes flushed; the skin hot and dry; the urine generally scarce and high coloured, although sometimes limpid and copious; the tongue dry and covered with a white fur, accompanied with considerable thirst. These are the most prominent symptoms of Pneumonia inflammation, in its commencement and in its different stages of progress, its termination, which now deserves to be considered.

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is the first: Resolution, suppuration and Gangrene. When it terminates in Resolution, there is almost in every case some evacuation; as hemorrhagia from the nose or hemorrhoids &c. &c. but a copious and free expectoration is the most frequent. The termination in Suppuration is of rare occurrence. Indeed, I think it should never occur, if the physician is called in at a proper period. One case alone of this kind is in my recollection: thus the abscess burst, and more than a quart of matter was expectorated in the course of a few hours. The patient recovered in two or three months, and remains free from disease without either cough, or discharge from the lungs.

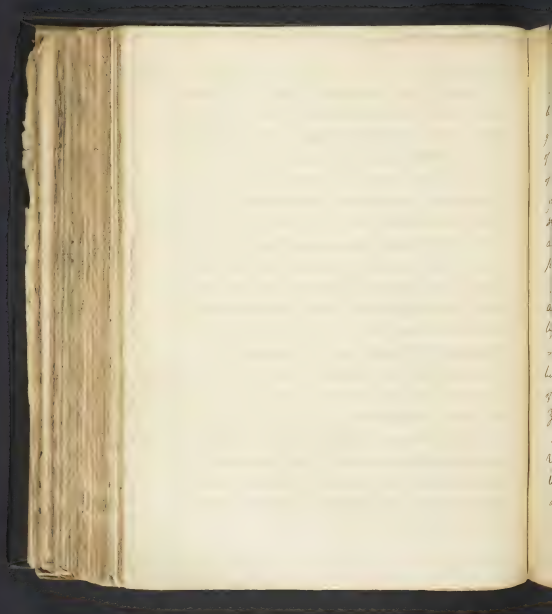
The termination in Gangrene is of very rare occurrence. The disease is produced by sudden vicissitudes of the temperature, or from cold applied to the surface of the body. The robust and strong are most subject to this disease.

The treatment of Pneumonia, like all other of the Phlegmasia is divided into general and local. About the propriety of blood letting, ~~the~~

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as a remedy in this disease, there appears no doubt
consulted in the commencement of a case of high infla-
-matory action, all practitioners in this particular,
concur. The best general direction is to draw blood
till a remission of the pain, or a disposition to syncope
be induced. It is immaterial whether the quantity
abstracted be XX or XXX, but attention must be
had to cause it to flow with all possible rapidity; the
impression made on the disease by XXX abstracted
suddenly is greater than double the quantity drawn
from a small orifice. This fact is so well established,
that some have recommended a vein to be opened in
both arms at the same time. The remission of pain
produced by the first bleeding is generally very
-transient; the pain in a short time returning with its ori-
-ginal violence. This section must again be resorted
to: sometimes to the extent of the first bleeding; but most
generally the symptoms yield with a less quantity. The
bleeding may be continued till the cough and hard pulse
disappears. During the time bleeding is employed, the



Antiphlogistic regimen must not be neglected. It will be proper to place the patient on low and cover him lightly, guarding against excitement by attending to the temperature of the room, which should not be greater than 60 or 65° of the thermometer. Much accumulation of heat is a great source of irritation and carefully to be avoided. In this disease, some contraindication of treatment prevails, as regards the use of purgative medicines. The general practice however of the Physicians in the interior of, Pennsylvania, is, to employ them to keep up a due action of the bowels. This purpose may be sufficiently effected by neutral Salts and Castor oil.

Diaphoretics have always been used more than purgatives but are of late going out of use. is Mixture of P. Carbonate of Potash & Spts Nitros Ether Zij Part. Emulsion of Amygd Zvi administered in doses of a table spoonful every one or two hours, operates both as a Diaphoretic and Refrigerant. It reduces arterial action more than can be accounted for by its diaphoretic effect alone. I have always preferred it to Dr Rush's Antiseptic Powder.



It reduces arterial action, effects a mild diarrhoea, and operates gently on the bowels. It has the confidence of all practitioners who employ the medicine; this instrument has been employed for a great length of time ~~and~~ still retaining its primitive and desired celebrity. The proper effect is produced without raising the temperature of the system. And it is marked with a great deal of certainty in its operation; whenever it is well adapted it is well adapted to every case where an increased temperature is to be avoided. But as a remedy to be resorted to with tenderness, in reducing arterial action, the medicine before mentioned is the best. A solution of Tartar Emetic in water is often used for the same purpose. When there is much thickening across the breast Ipecacuanha appears to have considerable power in removing ~~that~~ symptoms. It sometimes happens that even still remains some degree of febrile action, after the lancet has been used to as great an extent as is proper. This topical bleeding should be employed either with cups or leeches; fire or sinibances drawn in this way has a most excellent effect.



Incantations and the application of warm bags of oats
ashes &c may sometimes be used with the happiest effect.
Sometime it happens from the too free use of the lancet
and other depleting remedies the disease assumes a typhoid
form. In this case a combination of Opium Camphor
Calomel and Speacuanha stands unrivalled. This
combination if the Cough continues hard and expecto-
-ation scarce, will remove these symptoms and induce
a moderate salivation, which commonly eradicates every
vestige of the disease, obviating the danger of Pleurisy
Pneumonia & deathorax &c

Next to bleeding Blisters are of the most impor-
-tance. They should never be applied till the lancet
is perhaps altogether performed its office, then by ex-
tinguishing the lingering pain in the thorax and
arresting the further progress of the disease are a
remedy of incalculable worth. When too early resorted
to, they only mislead the patient and being a great
source of irritation aggravate the symptoms they were
intended to cure.



But when the preceding treatment justifies it, the blister should be large, and applied immediately over the seat of the pain. If the symptoms are obstinate and do not yield to the first blister it should be re-applied to the same place as soon as it becomes dry.

The Aunts throughout the disease should be bland and demulcent Barley water, Bran Tea, Glazewell tea, Toast and water, Molasses Whisky, Apple water, Currant jelly and water, may be given to any extent agreeable to the patient.

As an expectorant, a decoction of Senega root may very properly be used, when copiously taken has also a diaphoretic effect.

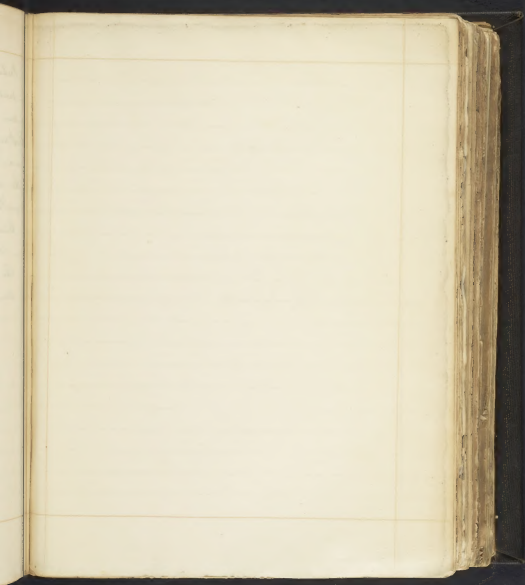
Opium should never be employed in the commencement of the disease; nor until actual action be reduced, notwithstanding, it is an invaluable remedy to allay Pulmonary irritation - it forms the base of almost every Cough Mixture.

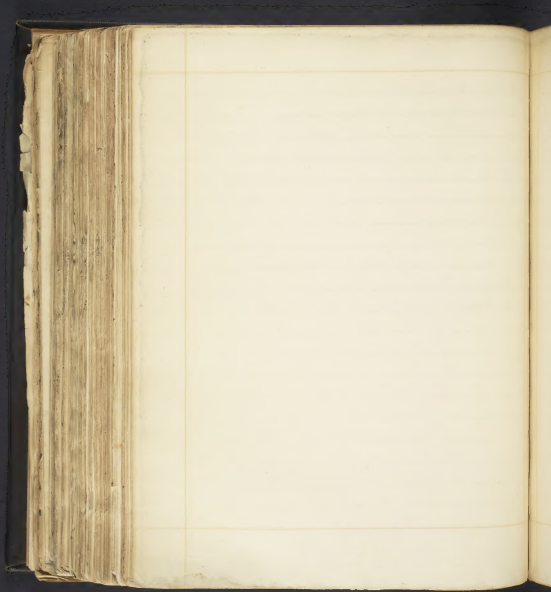


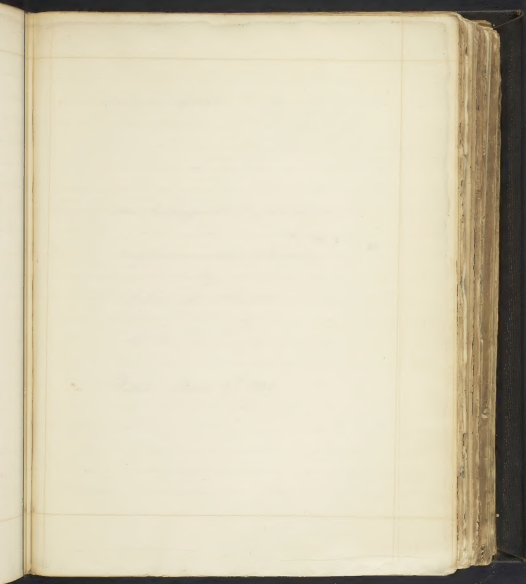
Perhaps the best demulcent and expectorant Com-
-bination to remedy the Cough consists of R. Spu-
-ma ceta ℥ij rubbed in the yolk of an egg
Elix. Amygd. ℥ss. Vin. Antimoniac. ana Spts. Nitros. Ather.
aa ℥ij And of loaf sugar enough to render
the mixture agreeable. Water ℥vi. A small spoonful 4 or 5
times a day. The above mixture recommended by Dr.

Chopin may answer as well, and probably
better, but I have been so well satisfied with
the effect of the first, that I have rarely employ'd
any other.









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